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ITORIALS†

CALIFORNIA'S MEDICAL QUOTA FOR ARMED FORCES: FEDERAL SECURITY ADMINISTRATOR McNUTT'S REMARKS

AT A.M.A. SESSION

Press Dispatches Concerning Administrator McNutt's Speech.—At the Atlantic City session of the American Medical Association on Monday evening, June 8th, and again on Tuesday morning, Hon. Paul V. McNutt, Federal Security Administrator—appointed by President Roosevelt as Director of the U.S. Office of Defense, Health, and Welfare Services-appeared before the A.M.A. House of Delegates, and his remarks received national publicity through the press associations. After perusal of some of the dispatches, a considerable number of physicians felt aggrieved, forgetting probably, that what was especially irritating was not so much what Mr. McNutt said but, rather, the headlines employed by local editors to introduce his comments. The remarks made by Administrator McNutt, as head of the Federal Procurement and Assignment Service, appeared in the Journal of the American Medical Association of June 20th, and physicians who are interested should take time to read what he there stated concerning Army, industrial and civilian medical-needs. His statement, "The Army and Navy and war industry areas have not gotten the doctors they need," may be said in a few words to have formed the basis of his other remarks, and should and will be pondered by all citizen groups, physicians included.*

A Telegram to Major Seeley, Executive Officer.—The editor was among those present at Atlantic City and heard Mr. McNutt's speeches; and in order to make certain that he had not misunderstood some of the figures presented by Mr. McNutt and his representatives, the following wire was sent to Major Sam F. Seeley, Executive Officer of the Federal Procurement and Assignment Service:

> (Copy of Telegram) WESTERN UNION

> > June 19, 1942.

Major Sam F. Seeley, 601 Pennsylvania Avenue, N.W., Washington, D. C.

To emphasize Mr. McNutt's Atlantic City re-

^{*} For some press clippings, see in this issue, on page

marks, we need following information. One, total number of California physicians now in active service in Army. Two, total number of California physicians still needed to meet California's quota at present date. Three, total number of additional California physicians needed for Army by December 31, 1942. Four, average number of California physicians who should enroll each month to permit California to fulfill its quota by December 31, 1942. Kindly send above or related figures.

(Signed) California and Western Medicine, By: George H. Kress, Editor, 450 Sutter, San Francisco.

Illuminating Reply Concerning California's Quotas.—In reply to this telegram of June 19th, a letter dated June 20th, was received, and that letter appears in its original form on another page in this issue.†† However, as printed below it has been changed by the editor, through additional paragraphs and numberings for greater convenience in reference and in the comments which are made thereon. Major Seeley's reply follows:

(COPY*)

Office for Emergency Management
WAR MANPOWER COMMISSION
Washington, D. C.

Chairman, Paul V. McNutt
Federal Security Administrator
Procurement and Assignment Service for
Physicians, Dentists and Veterinarians
June 20, 1942.

Dr. George H. Kress, Editor, CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, California.

Dear Dr. Kress:

- (1) In response to your telegram of June 19, the following round figures should be used as a basis for your calling to the attention of the medical profession of California the necessity of their early participation in the war effort.
- (2) California's quota, in addition to interns and residents, is 2600, to be filled by December 31, 1942.
- (3) Figures in this office indicate that less than 1000 are now in military service and your quota for the balance of the year is to be not less than 1800.
- (4) Dr. Harold A. Fletcher, 490 Post Street, San Francisco, and Dr. Edward M. Pallette, 1930 Wilshire Boulevard, Los Angeles, are responsible

as our State Chairmen for Physicians in California, to determine the availability of physicians in that State.

- (5) I would emphasize that the majority of physicians of military age—i.e., those under 45, must anticipate military service sooner or later, except in proven instances where they cannot be spared from civil life.
- (6) In the majority of the instances, the deferment of a man under 45 can only be considered temporary, and wherever necessary a replacement should be obtained from among those over 45, the women physicians, or those under 45 who have been rejected for military service.
- (7) It is the opinion of this office that more than one-half of California's quota must be filled within the next sixty days and that a minimum of 1800 must enter the military service without fail
- (8) Since the question of dependency has practically been eliminated under Selective Service opinions, the remaining cause for deferment is occupational. In those cases where this office considers a man to be available, we feel justified in challenging deferment on an occupational basis. We do not want to have to resort to such a challenge.
- (9) We look to the patriotism and enthusiasm of the medical personnel in California to meet this demand on a voluntary basis, and have set July 1, 1942, as the date to which we look forward when an appraisal of the situation will be carefully considered by the Directing Board in determining its future policies.

Sincerely yours,

(Signed) SAM F. SEELEY, M. D., Executive Officer, Procurement and Assignment Service.

Major Seeley's Letter of June 20th should be Read by Every California Physician.—It is to be hoped that every member of the California Medical Association will take time to read Major Seeley's important communication, since he is the Executive Officer of the Federal Procurement and Assignment Service. If perused in conjunction with Mr. McNutt's speech, and also the report of the A.M.A. Committee on Medical Preparedness,* made through its chairman, Ex-president Irvin Abel, it is particularly illuminating as to military and related needs.

* * *

United States Statistics Concerning Available Medical Personnel.—To be in a position better to evaluate the medical problems now facing both the Government and the Medical Profession, it may be in order first to glance at some statistics dealing with the distribution of Doctors of Medicine in the United States, and in California.

Of some 180,000 licensed physicians in the United States at the present time, about 160,000

[†] Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

^{††} See page 91 for original letter.

^{* (}Paragraphing and numbers inserted by Editor for convenience in reference.)

^{*} Printed in Jour. A.M.A., June 20, 1942, on page 650.

are in active practice. Classified according to age, in round numbers about 43,000 of this active group are under 36, while some 38,000 come within the age group, 36 to 44 years. These two classes make a total of about 81,000 Doctors of Medicine who belong to the age-groups from which the personnel of the Armed Services, in greatest part, must be supplied. Of course, all physicians in the up-to-45 group are not available for medical service, because some have physical disabilities, and others are in essential industries or possess other deferment requisites.

Figures for the State of California.—Referring now to California statistics, there is a total of 12.868 physicians who are licensed,* of whom 10,590 are resident in California, and 2278 living in other States. To this number must be added about 784 additional names, to include California licentiates admitted since the 1941 State Board Directory came off the press (by examination, 487; by reciprocity with other States, 257; and by reciprocity through National Board certification, 40). This would give California a total of 11,374 physicians who are California licentiates living in the State. Again, of some 2464 Doctors of Medicine in California who are under the age of 36, about 592 were in active service at the time of the recent A.M.A. meeting.

Executive Officer Seeley's Opinion of California's Quota.—Coming back, now, to Major Seeley's letter, in Paragraphs 2 and 3 it is stated that fewer than 1000 California Doctors of Medicine are in active service with the Armed Forces; and that California's total quota of physicians to be supplied—in relation to the total number of licentiates as compared with other States—will require the added induction of 2600 Doctors of Medicine. In other words, a total of about 1800 physicians must be taken from private practice for induction as members of the Medical Corps, between the present date and December 31st of this calendar year.

Situation as Regards Physicians under the Age of 45.—The real significance of what is involved in the figures just given, however, is sharply outlined in Major Seeley's letter when he states:

(5) I would emphasize that the majority of physicians of military age, i.e., those under 45 must anticipate military service sooner or later, except in the proven instances where they cannot be spared from civil life.

If this declaration had come from a less authoritative source than that of the Executive Officer of the Federal Procurement and Assignment Service, doubt in regard to the needs discussed could easily arise. Received, however, in answer to specific questions, and from the source

bureau through which all procurement directives and other information are sent forth, there can be little question concerning the thoughts expressed.

California not the Only State with Deficient Record.—Furthermore, in a succeeding number of the Journal of the American Medical Association (issue of June 27, 1942, page 715), a supplementary statement from Mr. McNutt is given, from which the following paragraphs may be quoted:

... In fairness to the recruitment record of many of our states, it seems in order at this time to give the profession some further idea of how its problem is distributed. The failure of a sufficient number of physicians to volunteer for military service is not spread thinly over the whole country. There is an acute lag in certain populous states. Other states have supplied nearly all that they should supply.

We need more than twenty thousand additional physicians by the end of this year. But eight states—New York, Illinois, California, Pennsylvania, Massachusetts, New Jersey, Michigan and Ohio—should account for nearly sixteen thousand of that shortage. . . .

The seriousness of the deficit in the number of physicians available for armed forces should not be underestimated. The need must be met. It will be met by one method or another. Neither must we underestimate the serious drain this puts on available medical services in civilian communities. It will mean long hours and hard work—sacrifices which will multiply the deep debt that every community owes to its physicians. . . .

It is my belief that the lag in recruitment has been due chiefly to the fact that the individual physician has not realized the genuine urgency of the need. Measures must be taken which will bring those needs home to every individual. This means that there will have to be some education of the general public. Preventable illness must be reduced to a minimum. Unreasonable demands on the physician's time must be reduced to a minimum. Thus only may available medical service adequately cover the needs.

Concerning Dependency and Occupational Deferments.—Equally significant are Paragraphs 6 and 8 of Major Seeley's letter referring to occupational and temporary deferments for physicians of 35 years of age and under. The statements contained therein certainly are worthy of the most serious consideration by all Doctors of Medicine to whom they apply.

- (6) In the majority of the instances, the deferment of a man under 45 can only be considered temporary, and wherever necessary a replacement should be obtained from among those over 45, the women physicians, or those under 45 who have been rejected for military service.
- (8) Since the question of dependency has practically been eliminated under Selective Service opinions, the remaining cause for deferment is occupational. In those cases where this office considers a man to be available, we feel justified in challenging deferment on an occupational basis. We do not want to have to resort to such a challenge.

^{*} See page 30 of March, 1941, Directory of the Board of Medical Examiners of the State of California.

Request Concerning Needs within Next Two to Six Months.—We feel free to state, under existing conditions, that we do not understand how it will be possible to transfer 900 California Doctors of Medicine from civilian to military status within the next 60 days, i.e., before August 20, 1942.

That, however, does not make the urgency of the need one whit less than actually exists, and it may be assumed that the California Procurement and Assignment Service, acting through the California Chairman, Dr. Harold A. Fletcher of San Francisco (in charge of procurement for the Northern portion of California), and his Associate Chairman, Dr. Edward M. Pallette, of Los Angeles (charged with the responsibility of supervision and coördination of efforts of component county groups in the Southern section of the State), will do all within their power to promote the objectives of the Federal Procurement and Assignment Service.

Certainly, it must be agreed by all members of the Medical Profession that prompt surveys and alignments are now in order, if our Country's Manpower Commission, appointed by President Roosevelt, is to be supplied with the medical personnel so urgently needed for the tasks immediately ahead.

PROPOSED BASIC SCIENCE INITIATIVE FOR CALIFORNIA

California Has Needed a Basic Science Law for Many Years.—For many years, since 1927 in fact, and in these editorial pages, the need of a Basic Science Law, through which the health of the citizens of California would be protected from the services of licensed healing-art practitioners, who do not possess adequate preliminary and other education, and who through improper licensure, otherwise might be called upon to administer to the needs of sick and injured citizens of the State, has been repeatedly commented on.*

Since 1927, as stated, a program of education has been consistently carried on by the California Medical Association, during which period two separate Assembly bills were presented at Sacramento; as try-outs, to learn the reaction on legislative measures through which there might be brought into being in our State, a qualifying certificate board by name, "Basic Science Board," from which would be required a certificate on primary or fundamental education from every applicant for a healing-art certificate, before he or she could be eligible to take an examination by any one of several healing-art boards now existing in California. Therefore, it should be of special interest to all Doctors of Medicine in California to learn that the proposed Basic Science Initiative, sponsored by the California Medical Association, the California State Dental Association, the Southern California State Dental Association, and the Public Health League of California, will actually find a place upon the November, 1942, ballot as one of several initiatives and measures then to be favorably or unfavorably voted upon. Note:—On the ballot, the Basic Science Initiative will have Number 3. Do not forget the number (3).

Basic Science Initiative will be on November Ballot: Then What?—This last statement concerning possible non-approval by the voters of California is made with a triple purpose:

- (1) To permit the members of the California Medical Association to know that their Basic Science Initiative will be on the November, 1942, ballot;
- (2) To inform them that the invidious and confusing "Basic Subjects Act"*, sponsored by certain Chiropractic groups, will not be on the ballot—not a single county in California having presented Chiropractic petitions to the Secretary of State. (Whether these are being held back for some future years, is not known at this time);
- (3) To acquaint members of the California Medical Association concerning the heavy work and tasks yet to be done.

It may be well for non-sectarian practitioners of the healing-art, i.e., those of us who call ourselves regular Doctors of Medicine, to reflect for a few minutes on certain principles to which our own group of non-sectarians have always given allegiance.

Some of Our Tenets.—For, speaking of ourselves, we may state:

- (a) We approach the practice of healing-art with open minds, and without preconceived notions or dogmas concerning the causation or course of diseases or injuries; and according to our teachings, we are permitted to use anything and everything that may make for the prevention or cure of disease or injury, so long as its administration does not promote personal or group profit or aggrandizement to the detriment of the public health.
- (b) We decry and oppose, as unscientific and irrational, the postulates of all healing-art practitioners, no matter to whose group or cult they belong, who espouse or promote, before the public, those healing-art methods that are a contradiction to common sense or other logic.
- (c) We believe, and hope that our lay fellows also hold, that every healing-art practitioner, no matter to what group he or she may belong, who himself stands before the public as a healing-art practitioner, and licensed by the State as such, shall and must possess at least a minimum preliminary education, to indicate that when he pursues his professional training, he shall have at his disposal a background of basic or primary knowledge, that will permit State Licensing

^{*} For those who wish references, see California and Western Medicine, issue of August, 1941, on page 104.

^{*} For photostatic copies of misleading allurements, see CALIFORNIA AND WESTERN MEDICINE, April, 1942, on pages 228-229.